



ITS NEWS

Infant-Toddler Services

Kansas Department of Health
and Environment

SEPTEMBER, 2000

Fall Issue

An Update from Carolyn Nelson	1
KS Infant-Toddler Svcs Fall Conference	1
Community Early Intervention Network Changes	2
Position Vacancy	2
KDEC Conference 2001	2
Fiscal Reviewers Needed	2
MTI PhotoScreener Recipients Announced	2
Vision Screening Guidelines	3-4
New Website Launched	4
New CDC Pediatric Growth Charts	4
Tips for Coping with a "Happy Spitter"	5
PDI Professional Development Initiative	5
New Online-ED Initiatives from EDInfo	5
T.E.A.C. H. Project Comes to Kansas	6
Downlink Information	6
Trainings/Conferences	6

Published by the Kansas Department of Health
and Environment

Bill Graves, Governor * Clyde D. Graeber, Secretary
Editorial Review and Production: Lorraine Michel, Carolyn
Nelson, Diane Alexander, and Nancy Carlson

ITS NEWS is offered to persons interested in early intervention services for infants and toddlers with disabilities and their families. To submit articles or for information, write or call KDHE, Infant-Toddler Services, Landon State Office Building, 10th Floor, 900 SW Jackson, Topeka, KS 66612-1220; (785) 296-6135.

Reprinting of any articles should credit KDHE.

An Update.....

by Carolyn Nelson



In order to comply with federal grant requests, from May 9 through July 10 we accepted public comments regarding changes to the *Procedure Manual for Infant-Toddler Services in Kansas*. The changes were made in order to conform to 1997 Federal Regulations regarding the definition of "parent" and the "procedures for resolving complaints." Thanks to all of you who responded.

Some comments suggested rewording for clarification in the "resolving complaints" section. Since the wording used in the *Procedure Manual* in the revised areas was transcribed directly from the Federal Regulations, the suggested changes will not be made at this time.

In response to another comment, we will be adding language to the *Procedure Manual* which will clarify that, in Kansas, an adoption must be final in order for the adoptive parent to act as parent. If the adoption is not final, then a Child Advocate is needed.

In future, when consulting the *Procedure Manual*, please note questions, clarifications, changes you recommend and forward them to me. These suggestions will be considered in an upcoming review of the *Procedure Manual*. I know that all of the "Part H" references need to be changed to "Part C," so there is no need to remind me!

FYI - - from the NEC*TAS listserv this morning - - "Six out of ten parents whose children may qualify for the State Children's Health Insurance Program (SCHIP) or Medicaid do not know this." A study completed by Wirthlin Worldwide and released by the Robert Wood Johnson Foundation reported that "97% of parents surveyed whose children are eligible for but not enrolled in Medicaid recognized the name of the program, whereas only 49% had heard of SCHIP." A 3-year, \$26 million, national public education campaign has been launched by the Robert Wood Johnson Foundation.

Kansas Infant-Toddler Services Fall Conference

by Joe Porting

On October 26th, Kansas Infant-Toddler Services will be hosting a conference called "Support-Based Practices in Early Intervention: A New Way of Thinking and Doing." The featured speaker for this conference is Robin McWilliam, PhD, an editor and research scientist at Frank Porter Graham Child Development Center in Chapel Hill, NC. Registration for the conference is at 8:00 a.m. with Dr. McWilliam speaking from 9:00 to 5:00.

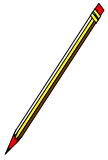
The conference is designed for providers and administrators in Part C Early Intervention Networks. We have space for 4 people from each network to attend. Registration forms have been sent to each local coordinator and are due back by September 22nd.

The conference will be located at the Ramada Inn in Hutchinson. The address is 1400 North Lorraine and the telephone number is (316) 669-9311 or (800) 362-5018. A block of rooms has been reserved for KDHE/Infant-Toddler Services.

For more information contact Joe Porting at (785) 296-8625.



Community Early Intervention Network Changes



This section of ITS NEWS is intended to help keep readers abreast of Network changes that come to the attention of our office. Please contact Diane Alexander, (785) 296-6135, to report changes as they occur.

- ▶ Mary Beasley is the new contact for Infant-Toddler Services of Johnson County. Phone: (913) 993-9325; fax: (913) 993-9334; e-mail: beasleym@gateway.net.
- ▶ Ginny Butts is the contact for Sumner County ICC. Her e-mail is ginnyb@futures-unlimited.org.
- ▶ Peggy Miksch of Geary County has a corrected e-mail: miksch@yahoo.com.
- ▶ Pauline Hintz at Lakemary Center Infant Toddler Program has a new e-mail: phintz@lakemaryctr.org.
- ▶ Kid-Link, (DSNWK) has a new address: 1310 Walnut, Hays, KS 67601.
- ▶ The fax number for Early Childhood Committee Dream Team, Atchison Hospital Association, has been corrected to (913) 360-5833.
- ▶ Tara Roberts is the contact for Pottawatomie/Wabaunsee Infant-Toddler Program. New fax: (785) 456-6292, and e-mail: spclkids@midusa.net.
- ▶ Dana Romary is the new contact for Ottawa-Wellsville ICC. His phone number: (785) 242-0910; e-mail: dana.romary@greenbush.org.
- ▶ Reigan McGraw is the new contact for Jewell / Lincoln / Mitchell Counties ICC; the address changed to: PO Box 586, Beloit, KS, 67420. New fax: (785) 738-3357, e-mail: rmcgraw273@ncktc.tec.ks.us.
- ▶ Ann Fritz is the new contact for the Coffey County ICC. Her e-mail is: annfritz@hotmail.com.
- ▶ Judy Faurot is the new contact for Russell Child Development Center. Her e-mail is: rcdc@pld.com.
- ▶ Lindy Frazer and Jan Nondorf are both contacts for P.A.C.T. (Parents and Children Together, Inc.) in Liberal. Their e-mail is: pact@mail.swko.net.
- ▶ Cloud/Republic ICC has a new address, phone & fax numbers: 124 East 5th Street, Concordia, KS 66901
Phone: (785) 243-7364 Fax: (785) 243-7223
- ▶ Sunflower Diversified Services, Early Education Center has a new fax number: (316) 792-4685.
- ▶ Wyandotte County Infant-Toddler Services has a new fax number : (913) 627-5646.

Position Vacancy

A request for applicants to fill the full-time position of Assistant Director for Infant-Toddler Services of Johnson County has been issued by the program's director, Mary Beasley. For additional information about the position, contact Mary at (913) 993-9325.



Fiscal Reviewers Needed

If you know Part C funding requirements, you can attend training to be the fiscal reviewer on site visiting teams for infant-toddler networks. Individuals participating in the training will receive a \$75 stipend and travel expenses.



When: October 30, 2000

Time: 10:00AM to 1:30PM

Where: Conference Room 1,
Salina Regional Health Center,
Salina, Kansas

To register for the training, contact: Vicki Turbiville, Phone: (785) 864-0721, e-mail: vicki@ukans.edu or Susan Jack , Phone: (316) 421-6550, x 1632 e-mail: sjack@eagle.cc.ukans.edu.

MTI PhotoScreener Recipients Announced

by DeAnna McClenahan

June 21st was the deadline for networks to apply as a pilot site for the MTI PhotoScreener. The applications have been reviewed and four networks have been selected.

The four networks chosen to pilot the three MTI PhotoScreeners are:

1. MCKIDS (McPherson County, KS, Infant Development Services)
2. Arrowhead West, Inc.
3. Sedgwick County Early Childhood Coordinating Council
4. Bright Beginnings- Butler County Infant/Toddler Services

(Sedgwick County and Butler County turned in a joint application and will be sharing one PhotoScreener.)

The PhotoScreener has enhanced vision screening methods in other states and countries. The research indicates that we will identify and refer children for follow up earlier than we would under current vision screening practices. The data collected from our pilot sites will be shared with all the networks. Recommendations will be based upon the data collected from our pilot project.

For more information about the MTI PhotoScreener go to www.photoscreener.com.

KDEC Conference 2001

Mark your calendars now for the 2001 KDEC (KS Division for Early Childhood) Conference "Connections for Children," which will be held March 1-3, 2001, at the Overland Park Marriot, near Kansas City.

An extra bonus this year will be a special one day session presented by the National DEC Regional Training Series. The topic for this training is "Strategies for Addressing Challenging Behavior."

Watch for your KDEC conference brochure later this year which will contain further registration and program information.

Vision Screening Guidelines

Source: *The Kansas Vision Screening Guidelines Manual*

The philosophy for preventive health services is to identify health problems or potential health problems at the earliest possible time, to promote early intervention for those problems, and to promote optimum health in children and youth. Where eye health is concerned, each child should have a professional eye examination by an ophthalmologist or optometrist before the child enters school. Ideally, a complete vision screening should occur prior to age 3 in order to detect acuity or oculomotor problems and facilitate effective early treatment.

Part C of the Individuals with Disabilities Education Act (IDEA) is concerned with the identification and intervention of developmental delay in infants and toddlers. Physical development is one of the five developmental domains included in Part C infant-toddler early intervention services. One of several components of physical development is vision. Vision screening is to be included in any infant-toddler screening program.

In addition to detecting vision problems, vision screening programs are valuable in raising the awareness of parents, teachers, child care providers and the community to the importance of eye care. Another screening benefit is the identification of children who may need early intervention services because of visual impairment.

The final but most important aspect of the screening program is follow-up. The child who fails the screening should receive a professional eye examination. If the child referred does not receive professional attention, the vision screening program has not accomplished its mission.

Vision screening should be provided by qualified persons such as nurses, volunteers or other personnel approved and certified through an in-service training program. The qualified vision screener will be able to demonstrate the basic skills necessary to perform the required vision screening tests and all recommended screening tests. In addition, a written examination must be passed with 80% accuracy.

Screeners should review the vision screening guidelines periodically to maintain basic proficiency levels. Also, it is each screener's responsibility to attend a workshop when the screener decides it is necessary to be retrained in basic skills. All vision screeners in child health programs should meet the same standard. For information on Vision Screening and Assessment classes available write or call:

Washburn University
Division of Continuing Education
1700 College Avenue
Topeka, Kansas 66621
Phone: (785) 231-1010 Extension 1615
Fax: (785) 231-1028

The use of a functioning vision system for birth to age 2 is inherent for successful age appropriate completion of some of the tasks included in developmental screening tests. In a developmental screening test, i.e., Denver II, a pattern of "fail"

or caution items should alert the examiner to more thorough review of the child's vision.

Needless to say, testing the vision of an infant or toddler can be a challenge and requires flexibility on the part of the screener, but the outcomes are well worth the effort. Timing is a critical factor in screening the vision of very young children. Whenever possible, schedule the screening to occur at a time of day when the infant or toddler is typically awake and alert. Ask the parent/care giver to have readily available, a favorite toy, teething ring, pacifier, or other items that seem to quiet the child. During the screening the child should be kept as comfortable as possible, giving consideration to room temperature relative to the clothing worn, state of hunger, and position of the child.

Some children are quite visually attentive while drinking from a bottle or eating a cracker. Infants who lack head and neck control should be positioned so that their head and body are stabilized, either held by a parent/caregiver, or lying in an infant carrier. Most infants and toddlers are more visually attentive when positioned at least partially upright. Older infants and toddlers can be seated on the lap of a parent/care giver. The child must feel secure in order to attend to the screening procedures.

The screener may find it helpful to use auditory cues (speech, noise making toys, etc.) to attract the child's attention to the vision task. However, the sound cues must be eliminated during the actual testing to be certain that the child is using vision, rather than auditory input, to respond during the test.

EXAMPLES OF TASKS ON DENVER II WHICH REQUIRE VISION FOR SUCCESSFUL COMPLETION:

- Regard own hand.
- Work for toy.
- Follow to midline.
- Look for yarn.
- Tower of cubes.
- Any imitation activities which use visual cues only.

A child of any age who does not cooperate during the vision screening should be rescheduled for screening within two weeks. If the young child is unresponsive to vision screening, or if the screener or care giver has any concerns about the young child's vision, referral should be made for a professional eye examination (ophthalmologist or optometrist). Rescreening in this situation is not necessary.

The importance of vision screening for children and youth with disabilities cannot be overemphasized. For those individuals whose mental and/or physical disabilities prevent them from performing standard screening tests, the recommended alternative screening tests should be used. Individuals who are unable to perform on any acuity tests should be referred for a professional eye examination. Once the individual is under the care of an ophthalmologist or optometrist, parents or care givers should be encouraged to adhere to the schedule of return visits recommended by the eye specialist. In subsequent years, screening should be attempted and any changes in vision status should be reported to the individual's parent/care giver and eye specialist.

Children with special needs have a higher percentage than normal of vision problems for refractive errors, eye muscle problems and cataracts. The same individuals who are difficult to test will probably be difficult to examine when referred for professional eye care. Screeners may need to assist the parents in locating an ophthalmologist or optometrist who is willing to examine patients with disabilities. Additionally, screeners can provide suggestions to teachers, parents and other care givers to prepare children and youth with disabilities for an upcoming eye examination. The screener may also need to provide additional follow-up services for these individuals such as training programs for the wearing and care of glasses. Finally, the screener may need to explain the results of an eye examination to teachers, parents, and other care givers, so that they can better plan for the educational needs of individuals with disabilities.

The following is a list of the recommended screening procedures in accordance to the Kansas Vision Screening Guidelines. At a minimum please ensure that these are being followed by your network.

- Any child receiving early intervention services should be screened annually.
- Make sure that families understand that the screening should not be interpreted as a complete eye examination.

Birth to 6 months: ABC's of Vision
Corneal Light Reflex
Pupil Response
Tracking
Fixation
Eye Lid Reflex
Risk Factors
Developmental Information

6- 18 months: ABC's of Vision
Near Point of Convergence
Corneal Light Reflex
Pupil Response
Tracking
Risk Factors
Developmental Information

18 months -3 years: ABC's of Vision
Distance
Depth Perception
Fusion Test
Near Point of Convergence
Corneal Light Reflex
Pupil Response
Tracking
Risk Factors
Developmental Information



New Web Site Launched to Help Parents Access Resources

A new Web site, launched by the Federal Interagency Coordinating Council (FICC), will make it easier for parents of children with disabilities and special educators to locate helpful information and people within the government who can offer assistance.

Located at www.fed-icc.org, the site offers extensive information on various federal agencies and "offers parents, in particular, easy access to disability-related information and contacts that can make a difference in the lives of their children," said Judith E. Heumann, FICC chair and assistant secretary for the Office of Special Education and Rehabilitative Services in announcing the new site.

The primary components of this new site include:

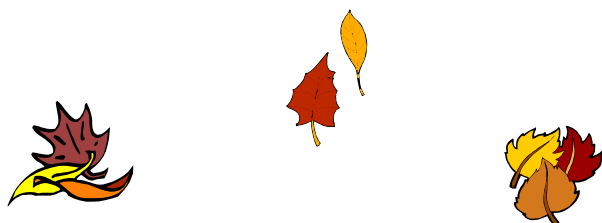
- User-friendly and easily navigable access to names and numbers of people throughout the government who can help answer questions about issues related to children with disabilities.
- A means for parents to contact and communicate with FICC parent-member representatives.
- Information on how certain federal programs affect state initiatives. States will also be able to use the site as a forum through which to share issues of importance with FICC council representatives.
- Information to promote a better understanding of how each federal program helps young children and how government offices can collaborate to improve their efforts.

New CDC Pediatric Growth Charts

*(E-Notes from NEC*TAS)*

In May, 2000, new pediatric growth charts were released by the Center for Disease Control and Prevention (CDC). These charts have been updated, are more representative of the United States population, and include a new assessment for body mass index (BMI). They are based on data gathered through the National Health and Nutrition Examination Survey (NHANES), the only survey that collects data from actual physical examinations on a cross-section of Americans from all over the country.

The revised growth charts more accurately reflect the nations's cultural and racial diversity and track children and young people through age twenty (20) years. Additionally, there is considerable improvement in the infant growth charts, where new data and improved statistical procedures have been used in the revision process.





Tips for Coping with a “Happy Spitter”

Source: Texas WIC News, July/August 2000

New parents find few things more distressing than having an infant who spits up after feedings. Fortunately, this problem is usually harmless. In fact, some doctors even have a nickname for these babies: “happy spitters.”

“Nearly half of all healthy infants under a year old spit up two or more times per day,” said Carlos Lifschitz, M.D., an associate professor of pediatrics at Baylor College of Medicine and a pediatric gastroenterologist at the CIRC.

Spitting up is usually a developmental issue, Lifschitz said. The muscle that controls the feeding tube or esophagus, where it joins the stomach, is still developing and may be somewhat weak. As a result, even a tiny burp can cause a small amount of stomach contents to come back up. Fortunately, the problem generally resolves on its own by an infant’s first birthday. But, in the meantime, Lifschitz offers the following suggestions:

(1) Avoid overfeeding. Don’t worry if the baby doesn’t finish every ounce of formula or cuts breastfeeding short. Once an infant’s stomach is full, any extra will simply come back up.

(2) Hold the baby upright during feedings and for at least 20 minutes afterward. Slumping in a high chair or laying down for a nap or diaper change puts pressure on an infant’s stomach, which can make the problem worse.

(3) Keep a constant flow of liquids into the bottle’s nipple if the infant is being bottle-fed. Ingesting excess air can increase burping and trigger a spitting-up incident.

(4) Burp the infant regularly during feedings to rid his stomach of excess air.

(5) While it’s common for parents to think their infant’s formula is at fault, randomly changing formula rarely helps. However, some physicians may recommend modifying the consistency of formula.

(6) Recognizing the difference between an infant who is a happy spitter and one who is ill is important. Happy spitters are generally healthy and gaining weight. On the other hand, an infant who is excessively irritable, or who has diarrhea, respiratory problems, rashes, vomiting, a poor appetite, or weight loss should be seen by a physician, Lifschitz said.

PDI- Professional Development Initiative For Early Care and Education in Kansas

Submitted by Leadell Ediger (KACCRRRA)

Exciting times are in store for early childhood professionals. A broad-based stakeholder group from across the state spent 18 months planning an early childhood professional development system for Kansas. PDI is now beginning to implement some of the components of that system.

The Core Competencies have been finalized and copies will be distributed to the field over the next year. The Kansas Department of Health and Environment, Child Care Licensing and Registration, will base in-service approval on these Competencies and practitioners may use them to determine what skills they currently possess and to design individual learning plans. For those needing Early Childhood Continuing Education Units, the pilot project has been implemented statewide.

The PDI Access to Higher Education committee has been very active and will continue its efforts to bring about articulation agreements between institutions of higher education.

During this grant period, PDI will focus on bringing information about the professional development system to those in the field. Regional Support Teams (RSTs) will be implemented throughout the state to invite participation of practitioners and to gather input from them. Through the RSTs, communities can coordinate educational opportunities and develop mobilization projects around early childhood issues.

Opportunities for scholarship will be available to practitioners through two new projects. A Teacher Education and Compensation Helps (T.E.A.C.H.) pilot is being designed and will be implemented during this grant year. The SRS apprenticeship project will also be underway in the near future.

Work to further develop the system will continue. A work force study will be conducted and used in connection with the Career Lattice, T.E.A.C.H., and other compensation efforts.

For more information, or to become involved, please contact Becky Woerz, PDI Project Director, at 2025 Canterbury Rd, Emporia, KS 66801, (316) 343-3491, or woerz@carrollswb.com.

New Online-ED Initiatives from EDInfo, July 27, 2000

“America’s Children: Key National Indicators of Well-Being, 2000” at <http://childstats.gov>.

“Building Your Baby’s Brain: A Parent’s Guide to the First 5 Years” (PDF, available in English and Spanish). <http://www.ed.gov/offices/OERI/ECI/publications.html>.

“The National Directory of Early Childhood Teacher Preparation Institutions” lists nearly 1,400 2 & 4 year colleges that offer programs for early childhood teachers. <http://www.fpg.unc.edu/~ncedl/>.

T.E.A.C.H. Project Comes to Kansas

Submitted by Leadell Ediger (KACCRRRA)

Teacher Education and Compensation Helps (T.E.A.C.H.) is a project from North Carolina that began in 1990 and since that time has been replicated in 16 other states. The Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA) is excited to announce that through SRS funding, T.E.A.C.H. is coming to Kansas!

What is T.E.A.C.H.? It is a program that assists teachers, directors and family child care providers who want to increase their education and competence. Scholarships, bonuses and/or increased compensation are all part of the T.E.A.C.H. program.

At this time, there are steps that need to be taken throughout the state before the program can be implemented.

1. In September, KACCRRRA staff will attend T.E.A.C.H. training in North Carolina.
2. A T.E.A.C.H. Advisory Committee will be formed. The Advisory Committee will be making decisions on what type of scholarships will be offered, who will be eligible for the scholarships, and targeting three community colleges for project pilot sites.

If you would like to know more about the T.E.A.C.H. Early Childhood Project, please contact the Project Director, Kris Nicholson at (316) 262-4956 or krnicholson@juno.com.

Downlink Information

NUTRITION FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS IN MANAGED CARE USING TELECOMMUNICATION

Thursday, September 28, 2000, 2-4 p.m.

Nutrition In Developmental Disorders and Managed Care -Presiding: Jane Garvin, MS, RD, LD

- Donald Berwanger, DDS, MSPH, Assistant Medical Director Managed Care Organization, Garden Grove, CA
- Brenda Lucas, BS, Bureau of Consumer Program Support, Section Chief for Community Education and Outreach, Ohio Department of Human Services, Medicaid, Columbus, OH
- Donna Skoda, MS, RD, LD, Program Manager, Nutrition Services, Cuyahoga County Board of Health, Cleveland, OH.

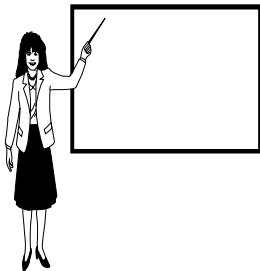
Seizure Disorders - Presiding: Shirley Ekvall, Ph.D, RD, FAAMD, Chief of Nutrition, UACCDD, Professor, University of Cincinnati

- Donald Gilbert, MD, Assistant Professor of Pediatric Neurology, University of Cincinnati College of Medicine
- Kathy Santora, Master of MEd. RD, Clinical Dietitian, Children Hospital Medical Center

Sites are dependent upon expressed interest, cost dependent on number of sites.

Contact: Sandy Perkins, MS, RD/LD, Maternal and Child Nutrition Consultant, phone: (785) 296-1323; fax: (785) 296-1326; e-mail: sperkins@kdhe.state.ks.us

Trainings/Conferences



The 7th Annual Assistive Technology Conference 2000, September 18-20, 2000 - Maner Conference Center, Kansas Expocentre, Capitol Plaza Hotel, Topeka, Kansas. For more information call (800) 500-1034, or visit the website: <http://www.atk.lsi.ukans.edu/Conf/conf.htm>.

3rd National Conference on Genetics and Public Health: Connecting Research, Education, Practice & Community, September 19-20, 2000, Ann Arbor, MI, Pre-Conference, September 18, 2000. For more information contact: Corey Chandler, Registration Coordinator, (301) 984-9450 ext. 17 or by e-mail at Coreychandler@conferencemanagers.com.

Kansas Speech-Language-Hearing Association Annual Conference, October 12-14, 2000, at the Wichita Marriott. For more information call (800) 248-KSHA or e-mail: ksha96@aol.com.

The 2000 Conference for Direct Care Staff, November 2-3, 2000- Manhattan Holidome. Contact: Inter-Hab, 700 SW Jackson, Suite 803, Topeka, KS 66603-3737, Phone: (785) 235-5103, Fax: (785) 235-0020 or e-mail: www.interhab.org.

